

Town of Dagsboro  
Commercial Building Permit Application  
33134 Main Street, PO Box 420  
Dagsboro, DE 19939  
302-732-3777

**Permit #**

Applicant	Owner	Builder
Name	Name	Name
Mail Address	Mail Address	Mail Address
City/State/Zip	City/State/Zip	City/State/Zip
Phone/Fax	Phone/Fax	Phone/Fax

Lot: \_\_\_\_\_ Subdivision: \_\_\_\_\_ Site Address: \_\_\_\_\_

Total Area of New Construction in SQ FT: \_\_\_\_\_ Tax Map Parcel#: \_\_\_\_\_

Total Lot Dimensions: Width: \_\_\_\_\_ Depth: \_\_\_\_\_ SQFT: \_\_\_\_\_

Principal Type Frame: ☐ Masonry ☐ Wood ☐ Structural Steel ☐ Reinforced Concrete ☐ Other

Type of Mechanical: ☐ Central Air Conditioning ☐ Elevator

**APPLICANT MUST INCLUDE PLANS & SPECIFICATIONS**

3 Hard Copies & 1 Electronic Copy (pdf)

☐ New Commercial/Industrial ☐ Commercial Addition or Remodel ☐ Tenant Fit-Out ☐ Other

Project Value (without lot): \$ \_\_\_\_\_

Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

**A: NEW COMMERCIAL CONSTRUCTION**

Permit Fee:	\$85 X Square Footage X 1.25%	\$
Water Meter	Radio Read Meter	Meter Size _____ \$ _____
	Fire Suppression System	Meter Size _____ \$ _____
Water Impact Fee	\$3,000 per EDU	# of EDU's _____ \$ _____
Capital Improvement Impact Fee	\$2,500 per EDU	# of EDU's _____ \$ _____
Fire Dept. Impact Fee	Total Project Cost X .25%	
Amb Service Impact Fee	Total Project Cost X .25%	

**Total Due** \$ \_\_\_\_\_

**B: ALL OTHERS**

Total Cost of Improvements: \_\_\_\_\_ X 1.25% = \$ \_\_\_\_\_  
(**\$50 Minimum Fee**)

**Total Due: \$** \_\_\_\_\_

Building Inspector: \_\_\_\_\_

☐ Approved

☐ Denied

Date Issued: \_\_\_\_\_ Permit # \_\_\_\_\_

Certificate of Occupancy Issue Date: \_\_\_\_\_